



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Lisa Pepler

Email Address: fp09pepp@embarqmail.com

Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$46069324
Outpatient Patient Service Revenue	\$214736853
Total Gross Patient Service Revenue	\$260806177

2. Deductions From Revenue

Contractual Allowance	\$160598832
Other Deductions	\$0
Total Deductions	\$160598832

3. Total Operating Revenue

Net Patient Service Revenue	\$100207346
Other Operating Revenue	\$1796759
Total Operating Revenue	\$102004105

4. Operating Expenses

Salaries and Wages	\$19495672	Employee Benefits	\$6542113
Depreciation and Amortization	\$3136472	Interest Expense	\$106234
Bad Debt	\$17471468	Other Expenses	\$45299560
Total Operating Expenses	\$92051519		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9952585	Total Assets	\$109714038
Net Non-operating Gains over Loss	\$6547014	Total Liabilities	\$12357690

Total Net Gains	\$16499599
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$103017476	\$84794169	\$18223307
Medicaid	\$43274042	\$39388419	\$3885623
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$114514659	\$36416244	\$78098415
Total	\$260806177	\$160598832	\$100207345

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3273	\$128908	\$-125635

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$21974	\$-21974
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$72304	\$-72304

Number of Medical Professionals Trained	67
Number of Hospital Patients Educated	111837
Number of Citizens Exposed to Health Education Messages	44077

Statement Six: Charity Statement
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Hospital Charity Charges	\$3949417
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$859834	
HCI Payments	\$0		
Subtotal	\$0	\$859834	\$-859834
Medicaid Shortfalls	\$7639519	\$12137935	
Subtotal	\$7639519	\$12997769	\$-5358250
DSH Payments	\$0		
Subtotal	\$7639519	\$12997769	\$-5358250
Medicare Shortfalls	\$18181932	\$22404527	
Other Government Programs	\$0	\$0	
Total	\$25821451	\$35402296	\$-9580845

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3288	\$28488	\$-25200
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$77164	\$-77164

Comments

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